

REQUEST AND AUTHORIZATION FOR ORDERS

TO:	FROM:	Date of Request:
Grade, Name & SSN:		Unit and Address:

<input type="checkbox"/>	SAD/TRAVEL ORDERS
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APPROX Number of Days (Include travel time) <input type="text"/>	Purpose: <input type="checkbox"/> CSMR Training <input type="checkbox"/> CA ARNG SPT	<input type="checkbox"/> SCHOOL <input type="checkbox"/> TRAVEL	<input type="checkbox"/> ITO <input type="checkbox"/> _____
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ITINERARY: From: To: Retn:	<input type="checkbox"/> Variation Authorized	Hour	Day	Month	Year

MODE OF TRANSPORTATION: COMMERCIAL <input type="checkbox"/> Air <input type="checkbox"/> Vehicle <input type="checkbox"/> POV	GOVERNMENT <input type="checkbox"/> Air <input type="checkbox"/> Vehicle	REMARKS:
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<input checked="" type="checkbox"/>	PERSONNEL ACTION REQUEST
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<input type="checkbox"/> Reassignment <input type="checkbox"/> Detail <input type="checkbox"/> Discharge <input type="checkbox"/> Other _____ Transfer	ACTION REQUESTED: FROM: _____ TO: _____
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REMARKS:

REQUESTED BY:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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